

INTERMENT APPLICATION FORM No._____

Date of Application:	Month Day		Year						
Name of Deceased:									_
Latest Address of D									_
Date of Death:					e of Death:				
Montl	n Day	,	Yea	r					
Date of Birth:	f Birth: Month Day		Age:		Age:		Sex:	MI	=
Date of Service:				Time	at Cemetery:			AM	PM
Mont	h Day		Year						
Type of Request	Type of Grave Liner		Section			Columbari	um #		
Full Burial	Concrete		Block			Level #			
Cremation	Metal		Plot			Niche #			
Columbarium	Fibreglass		Sub Plot						
URN Dimensions Columbarium # 2 11"x 11" Opening	Dimensions Vaults & Line					_			
Contact Person:	Last Name			Phone					
Funeral Home Conta	act: Business Na	ame					Phor	le	
Cheques payable to	the Town of \	Vestlock							
Open/Close	GST	Total		Payment Type					
Signature of Applica	ant:								
Signature Town Em	ployee:								
OFFICE USE *******	*****	******	******	*******	*****	******	******	******	****
PW Initials			Enter	ed in D	atabase Initia	als			
			Rece	ipt Num	ber:				

The personal information that is being collected is protected by the privacy provision of the *Freedom of Information and Protection of Privacy Act. Section 33c.* This information is used to administer cemetery services. If you have questions contact FOIP Coordinator at 780-349-4444.

(PLACEMENT DIRECTIONS SEE REVERSE)



